West Virginia Bureau for Public Health
Your Health Your Safety Our Purpose
Department of Health & Human Resources

Carbapenem-Resistant *Enterobacteriaceae* (CRE)

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address: _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work) : _____
Occupation/grade:_____ **Employer/School**:_____

Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: __ / __ / ____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk

Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk

Race: ☐White ☐Black/Afr. Amer. ☐Am. Ind/AK Native ☐Native HI/Other PI ☐Asian ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date: __ / __ / ____
Earliest date reported to LHD: __ / __ / ____
Earliest date reported to DIDE: __ / __ / ____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ **Reporter Phone:** _____
Primary HCP Name: _____ **Phone Number**: _____

LABORATORY

Organism: ☐ *Klebsiella pneumoniae* ☐ *Escherichia coli* ☐ *Enterobacter cloacae* ☐ Other (specify):_____

Culture type: ☐ Surveillance ☐ Clinical **Specimen Source**: _____ **Collection date**: __ / __ / ____

Carbapenem Interpretations:	S	I	R	Not tested
Doripenem:	☐	☐	☐	☐
Meropenem:	☐	☐	☐	☐
Imipenem:	☐	☐	☐	☐

Non-susceptible (I or R) to at least one carbapenem? **Y** ☐ **N** ☐

3rd Generation cephalosporin Interpretations:	S	I	R	Not tested
Ceftriaxone:	☐	☐	☐	☐
Ceftazidime:	☐	☐	☐	☐
Cefotaxime:	☐	☐	☐	☐

Resistant to all tested 3rd generation cephalosporins? **Y** ☐ **N** ☐

EPIDEMIOLOGIC

Y	N	U	
☐	☐	☐	Was the patient hospitalized at the time of specimen collection? If YES: Hospital Name: _____ Date of Admission: ___/___/_____
☐	☐	☐	Does patient reside in (or will be discharged to) a nursing home or other long-term care facility? If YES: LTCF Name: _____ LTCF Address: _____
☐	☐	☐	Did patient die? If YES, date of death: ___________

PUBLIC HEALTH ISSUES

Y	N	U	
☐	☐	☐	Epi-linked to another confirmed case of CRE
☐	☐	☐	Case is part of an outbreak
☐	☐	☐	Other:

PUBLIC HEALTH ACTIONS

Y	N	U	
☐	☐	☐	CRE initial assessment conducted with LTCF
☐	☐	☐	CDC 2012 CRE Toolkit provided to & discussed with LTCF
☐	☐	☐	Patient is lost to follow-up
☐	☐	☐	Other:

NOTES